

1886

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>179</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>792</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____ St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Sarah Jane Gilmore</u> / If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Nov. 23-1923</u>		7. Month _____ day _____ year _____	
8. Full name <u>Joseph Edward Gilmore</u>		14. Full maiden name <u>Effie McBrow</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) <u>Capitan, New Mexico</u>		18. Birthplace (city or place) <u>Globe, Arizona</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11:00</u> a.m. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>C. M. Crow M.D.</u>		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Filed <u>Nov 30</u> 19 <u>23</u>		Local Registrar <u>P. S. Davis</u>	
Filed <u>12/1</u> 19 <u>23</u>		County Registrar <u>B. L. Max</u>	
Registrar. _____			

275-1123-544